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In re PATENT APPLICATION OF:

KOZLOWSKI, Joachim

Atty. Dkt.:

2573-0102

Appln. No.:

09/830,649

Art Unit:

3724

Filing Date:

April 30, 2001

BOOKS OR THE LIKE

Examiner:

Flores Sanchez, O.

Title:

MACHINE KNIFE FOR TRIMMING OF

Date:

January 27, 2005

Name of paper being transmitted:

Petition to Revive Unintentionally Abandoned Application,

Response Transmittal Sheet, Response

Message:

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office at the above fax number on the date shown below

Name:

Timothy J. Klima

Signature:

Date: January 27, 2005

Harbin King & Klima 500 Ninth Street, SE Washington, DC 20003 (202) 543-6404 Phone (202) 543-6406 Fax

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#### **TRANSMITTAL**

Hon. Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Attached please find the following documents, submitted for filing in connection with the above-identified application:

Petition to Revive Unintentionally Abandoned Application X

M General Transmittal Sheet

 $\boxtimes$ Response & Response Transmittal Sheet

The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (of with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-3272. A duplicate of this sheet is

attached.

Respectfully submitted,

. Harbin King & Klima 500 Ninth Street SE Washington, DC 20003

Phone: 202-543-6404 Fax: 202-543-6406

By:

Timothy J. Klima

Registration No.: 34,852

In re: PATENT APPLICATION of:

Inventor(s):

KOZLOWSKI, Joachim

Atty. Dkt.

2573-0102

Appln. No.:

09 / 830,649

Group Art Unit:

3724

Filed:

April 30, 2001

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#### RESPONSE TRANSMITTAL COVER SHEET

Hon. Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This is a reply/amendment/letter in the above-identified application and includes the attachments hereto. The signature below is treated as the signature to the attachments in the absence of a signature thereto.

#### FEE REQUIREMENTS FOR CLAIMS AS AMENDED

		Large/Small Entity	
Minus # Paid For =		X \$18/\$ 9=	+0
Minus # Paid For =		X \$88 / \$44 =	+0
		\$300 / \$150 =	+0
	1 mo. 2 mos. 3 mos. 4 mos.	\$110 / \$ 55 = \$430 / \$215 = \$980 / \$490 = \$1530 / \$765 =	+
		\$130	+750.00
ve	,_		+
		·	\$0.00
	Minus # Paid For = nultiple dependent claim(s) into this	Minus # Paid For =  nultiple dependent claim(s) into this re this line blank if this is an reissue application)  Attend the original due date to filed for which the requisite fee  1 mo. 2 mos. 3 mos. 4 mos.	Minus # Paid For   X \$18 / \$ 9 =     Minus # Paid For   X \$88 / \$44 =     Minus # Paid For   X \$88 / \$44 =     Multiple dependent claim(s) into this   \$300 / \$150 =     Minus # Paid For   X \$88 / \$44 =     Multiple dependent claim(s) into this   \$300 / \$150 =     Minus # Paid For   X \$88 / \$44 =     Multiple dependent claim(s) into this   \$300 / \$150 =     Minus # Paid For   X \$18 / \$ 9 =     Minus # Paid For   X \$18 / \$ 9 =     Minus # Paid For   X \$18 / \$ 9 =     Minus # Paid For   X \$18 / \$ 9 =     Minus # Paid For   X \$18 / \$ 9 =     Minus # Paid For   X \$18 / \$ 9 =     Minus # Paid For   X \$18 / \$ 9 =     Minus # Paid For   X \$18 / \$ 9 =     Minus # Paid For   X \$18 / \$ 9 =     Minus # Paid For   X \$18 / \$ 9 =     Minus # Paid For   X \$18 / \$ 9 =     Minus # Paid For   X \$18 / \$ 9 =     Minus # Paid For   X \$10 / \$ 55 =     Minus # Paid For   X \$10 /

9. Please charge the total fee to our Deposit Account No.: 50-3272 under our Order No. (Matter No.): 2573-0102

CHARGE STATEMENT: The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewish or concerning any paper filed hereafter, and which may be required under Rules 16-18 (missing or insufficiencies only) new or hereafter relative to this application and the resulting Official document under Rule 20, or credit any overpayment, to our Account/Order Nos. shown in the heading hereof for which purpose a duplicate copy of this sheet is attached.

Harbin King & Klima 500 Ninth Street SE Washington, DC 20003 Phone: 202-543-6404

Fax: 202-543-6406

By:

Timothy J. Klima Reg. No.: 34,852

Respectfully submitted,

In re: PATENT APPLICATION of:

mic. FAILANI IM, Biolillon

Inventor(s): KOZLOWSKI, Joachim

Atty. Dkt.

2573-0102

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#### RESPONSE TRANSMITTAL COVER SHEET

Hon. Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This is a reply/amendment/letter in the above-identified application and includes the attachments hereto. The signature below is treated as the signature to the attachments in the absence of a signature thereto.

#### FEE REQUIREMENTS FOR CLAIMS AS AMENDED

			Large/Small Entity	
1. Total Effective Claims	Minus # Paid For =		X \$18 / \$ 9 =	+0
2. Independent Claims	Minus # Paid For =		X \$88 / \$44 =	+0
3. If amendment enters <u>proper</u> multiple dependent claim(s) into this application for first time (leave this line <u>blank</u> if this is an <u>reissue</u> application)			\$300 / \$150 =	+0
4. Original due date:				
Petition is hereby made to extend the <u>original</u> due date to cover the date this response is filed for which the requisite fee 2 mos. 3 mos. 4 mos.		\$110 / \$ 55 = \$430 / \$215 = \$980 / \$490 = \$1530 / \$765 =	+	
6. Petition Fee		\$130	+750.00	
7. Other Fee for Petition to Revive			+	
8. Total Fee Enclosed:				\$0.00

9. Please charge the total fee to our Deposit Account No.: 50-3272 under our Order No. (Matter No.): 2573-0102

CHARGE STATEMENT: The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed hereafter any paper filed hereafter, and which may be required under Rules 16-18 (missing or insufficiencies only) now or hereafter relative to this application and the resulting Official document under Rule 20, or credit any overpayment, to our Account Order Nos. shown in the heading hereof for which purpose a duplicate copy of this sheet is attached.

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#### **RESPONSE**

Hon. Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the outstanding Official Action dated May 18, 2004, please amend the subject application as follows: